



Dear all,

It gives me immense pleasure to introduce the 2nd edition of BMCON BLOOMS-A News letter from BMCON Alumni. The past several months have been extremely challenging for all of us; as individuals and as a global community. My thoughts are with those who have been impacted or have suffered because of Covid-19 pandemic.

As an alumni and as a faculty in our Alma Mater I feel proud of the way our alumni has been able to adapt to these new circumstances and resolve these unprecedented times head-on.

We are also incredibly proud of our global community of alumni. Our alumni play an important role in enhancing the reputation of the college by helping to influence and shape the world in a good way. In this edition, we have shared some of the inspiring thoughts.

I want to thank each one of you who wrote and submitted their work for this newsletter. I hope you enjoy reading this edition. I request you to keep in touch with our Alumni Association-BMCON (Ala-BMCON). Ala-BMCON is also reimagining new and different ways of staying connected with you all.

Last but not the least, I want to congratulate and welcome the new members of our alumni association. Our young alumni have missed out on the joy of many educational, professional and ceremonial moments, due to the pandemic. But they have managed to complete their course successfully in this difficult time. Special appreciation for them.



Best Wishes
Anju Radhika S D
Associate Professor,
Baby Memorial College of Nursing,
Kozhikode.



SUCCESS STORIES OF ALUMNI



Mr.Mathew Varghese V
(1st Batch Bsc.Nursing)

SUCCESS

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He won 1st rank and gold medal for MSc.Nursing from Delhi University. He is currently working as Nursing officer, AIIMS, New Delhi. He did his post graduation from RAK College of Nursing.



NIGHTINGALES OF BMCON



Mrs.Mithila Michael

(1st Batch BSc.Nursing and Ex.Faculty of BMCON). She is a Professional Singer more concentrated on devotional songs.



Mrs.Anu Priya Jose

(5th Batch BSc. Nursing). She won Special Jury Award, Flowers T V Sing and Win Contest.









PALLAVI MURALEEDHARAN

graduated with a B.Sc in Nursing from Baby Memorial College of Nursing in 2013. She has a postgraduate degree in Health Administration from Tata Institute of Social Sciences, Mumbai and since then pursued a career in public health research. She recently enrolled as a PhD student at the Department of Brain Sciences, Imperial College London where she will be exploring the health systems factors that may be associated with birth-related brain injury in low- and middle-income countries including India under the supervision of Prof Sudhin Thayyil.





PAEDIATRIC COVID MANAGEMENT

Corona virus disease-2019 (COVID-19) is a global health Crisis. It is an illness caused by severe acute respiratory syndrome Corona Virus 2 (SARS-COV-2). Recent evidence suggests that compared to adults, children likely have similar viral loads in their nasopharynx, similar secondary infection rates and can spread the virus to others. Most children with SARS-COV-2 infection will not require any specific therapy. Children who have a history of medical complexity (eg: due to neurologic impairment, developmental delays or genetic syndromes including trisomy 21), obesity, immunocompromised children may be at increased risk for severe disease.



DHANYA M

NURSING OFFICER,
DR.RAM MANOHAR LOHIA HOSPITAL,
NEW DELHI
(1st Batch BSc Nursing)

SIGNS AND SYMPTOMS

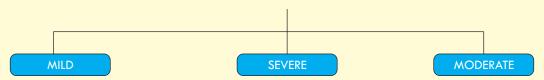
- Fever, headache, myalgia, tiredness, cough, sore throat, rapid breathing
- Diarrhoea, vomiting, abdominal pain
- Poor feeding in an infant, loss of taste or smell (>8 year)
- Rash, conjunctival congestion, mucositis or shock

(Asymptomatic but has a close or household contact with a COVID-19 case should be suspected for the infection.)





CLASSIFICATION OF DISEASE SEVERITY



MILD:-

Children with mild disease may present with Sore throat, rhinorrhea, cough with no breathing difficulty. Few children have gastrointestinal symptoms.

Treatment: children can be managed at home with home isolation and symptomatic treatment.

Before home isolation, we need to think, there is requisite facility for isolation at his or her residence and also for quarantining the family contacts. Availability of parents or other care taker who can monitor and take care of child. Facility to monitor the child regularly and inform his or her health status to the surveillance officer or doctor. Parent or care giver has filled an undertaking on self isolation and shall follow home isolation or quarantine guidelines.

MODERATE:-

Child can be categorized as moderate, if he or she has the following

· Rapid Respiration

Age: less than 2 months: respiratory rate > _60/mt

2 to 12 months: Respiratory rate >_50/mt

1 to 5 years: Respiratory rate>_40/mt

More than 5 years: Respiratory rate > _30/ mt

Oxygen saturation above 90%

Treatment: Children with moderate covid -19 should be admitted in dedicated covid health center or secondary level healthcare facility and monitored for clinical progress. Maintain fluid and electrolyte balance. Encourage oral feeds (breast feeds in infants). If oral intake is poor, intravenous fluid therapy should be initiated.

Medications to be administered are: for fever, paracetamol 10 - 15 mg/kg/dose. May be repeated 6 hourly (temperature > 38 ie: 100.4F). Antibiotics incase of suspected bacterial infection. For spo2 below 94%, oxygen supplementation is required. Corticosteroids may be administered in rapidly progressive disease. It is not required in all children with moderate illness, specifically during first few days of illness. Supportive management of co morbid conditions, if any.





SEVERE:-

Children with Spo2 level less than 90% are categorized as having severe degree of covid -19 infections. Such children may be having severe pneumonia, acute Respiratory distress syndrome, Septic shock, multi organ dysfunction syndrome (MODS), pneumonia with cyanosis. Clinically such children may present with grunting, severe reaction of chest, lethargy, somnolence, seizure.

Children should be admitted in dedicated covid hospital/ secondary/tertiary level health care facility. Few children may require care in HDU/ICU areas of these facilities. They should be assessed for thrombosis, haemophagocytic lymphohistiocytosis (HLH) and organ failure.

Treatment:

- Intravenous fluid therapy
- Corticosteroids: Dexamethasone 0.15mg/kg per dose (maximum 6 mg) twice a day is preferred. Equivalent dose of methylprednisolone may be used for 5 to 14 days depending on continous clinical assessment.
- Anti-viral agents: Remdesivir is antiviral agent. There is lack of sufficient safety and efficacy data in children below 19 years of age.
- Management of ARDS: for mild ARDS, high flow nasal oxygenation, Non invasive ventilation may be given
- Severe ARDS: Mechanical ventilation may be given with low tidal volume.
- Awake prone position may be considered in older hypoxemic children if they tolerate.
- Management of Shock: crystalloid bolus administration 10 to 20 ml/kg over 30 to 60 minutes (Cautious if cardiac dysfunction present). Early inotrop support with monitoring of fluid overload like any other cause of shock.

MANAGEMENT OF MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN AND ADOLESCENTS RELATED TO COVID -19 (MIS-C):

These are characterized by unremitting fever > 38 degree celcius, epidemiological linkage with SARS CoV-2 and clinical features suggestive of multi system inflammatory syndrome.

- Rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands or feet)
- Hypotension or shock
- Features of myocardial dysfunction, pericarditis, valvulitis or coronary abnormalities
- Evidence of coagulopathy (PT, PTT, elevated d-Dimers)
- Acute gastrointestinal problems, elevated markers of inflammation such as ESR, CRP, evidence of covid 19 positive (RT-PCR, antigen test, or serology positive) or likely contact with patients with COVID-19
- Treatment:
- Steroids: Methylprednisolone 1 to 2 mg/kg/day
- Intravenous immunoglobulin 2 g/kg over 24 to 48 hrs
- Antimicrobials



• The child need appropriate supportive care, preferably in ICU, in absence of cardiac function, shock, coronary involvement, multi organs dysfunction.

If the child does not improve with the above treatment or deteriorates, options include:

- Repeat IVIg,
- high dose corticosteroid (Methylprednisolone 10 to 30 mg/kg/day for 3 to 5 days)
- Aspirin: 3 mg/kg/day to 5 mg/kg/day max 81 mg/kg/day (if thrombosis or coronary aneurysm score is > 2.5)
- Low Molecular weight Heparin: Enoxaparin 1mg/kg twice daily subcutaneously. Clotting factor Xa should be between 0.5 to 1 (if patient has thrombosis/coronary aneurysm score > 10 or LVEF < 30%)
- Steroids have to be tapered over 2 to 3 weeks while monitoring inflammatory markers. For children with cardiac involvement, repeat ECG 48 hourly, repeat ECHO at 7 to 14 days and between 4 to 6 weeks and at 1 year if initial ECHO was abnormal.

IMPACT OF COVID-19 ON THE MENTAL HEALTH OF CHILDREN

The spread of the virus has caused global economic and social disruptions. The unexpected disruption of the social fabric and norms has affected the behavioural and mental health of the public including children. The mental health of the children has been influenced by several ways; they grow, learn, play, behave, interact and manage emotions. Children with pre existing psychiatric disorders such as ADHD, anxiety, depression, mood disorders, behaviour disorders could be adversely impacted during this stressful situation. Children exposed to stressors such as separation through isolation from their families and friends, seeing or being aware of critically ill members affected with corona virus, or the passing of loved ones or even thinking of their own death from the virus can cause them to develop anxiety, panic attack, depression and other mental illnesses.

Parents should provide enough support to their children and help them to process the information about the pandemic because these interventions could help minimize their anxiety or fear. Schools, parents, and health care institutions can also implement psychological first aid (PFA) guidelines to assist children with their mental distress. Schools should emphasize the mental health of students by supporting and providing updated health organization guidelines through online lectures. Counselling services should be available to support the mental health and well being of students on time.

Prevention is better than cure, proper hand washing, wearing of mask, social distancing, healthy diet, proper hygienic measures should be practiced and taught to children.

Reference:

- www.ncbi.nlm.nih.gov
- http://www.mohfw.gov.in
- https://iapindia.org
- https://www.covid19treatmentguidelines.nih.gov





PSYCHOLOGICAL SURVIVAL THROUGH PANDEMIC; A PERSONAL EXPERIENCE



JANET BABY JOSEPH

REGISTERED MIDWIFE,
CORK UNIVERSITY MATERNITY HOSPITAL,
CORK,IRELAND.
(IInd Batch BSc Nursing)

I am Janet Baby Joseph, an alumni of BMCON family (2003-7). Currently working as a midwife in Ireland.

Being abroad especially during this pandemic is dreadful. Anxiety about your family, financial constraints, uncertainty regarding the COVID is all at its peak.

I have not been able to come back to my homeland and see my family since corona started. Hence I had to divert my mind to keep it healthy and stable. In this cold country, getting locked inside with no dear ones is a high risk factor for slipping to depression or anxiety disorders.

At one stage even I thought that I was falling into pieces. But luckily I was able to identify myself that a change is inevitable to keep my spirits up.

Cooking was one of my interests but not a passion. Apart from my full time job, I decided to do some professional cooking and baking. Gone through all the tough food regulatory rules now I achieved to get registered as a professional caterer and Baker in Ireland. Thanks to my husband and far away family for all support.

So we could create Red Chillies Catering and Janz Bakez.

Of course they are an extra income but the joy it gives to my soul is immense.

To all those friends who are finding it hard to survive through this tough time, I would like to say that we should be able to find a reason to smile. Nobody can keep you up unless you decide to.

Hope to share more experiences with you in the future.





ATHIRA P
Clinical Data Coding Specialist,
Novartis Health Care Pvt.Ltd.
Hyderabad
(IXnd Batch BSc Nursing)



'പുറത്തിറങ്ങായ്മ' അസഹ്യമായപ്പോഴാണ്, അകത്തളത്തിലേക്ക് ഞാനൊരു യാത്ര പോയത്.

വീടിന്റെ തെക്കേയറ്റത്താണ് അഷ്യഷന്റെ കിടഷ് ; കുഴലിലൂടെ പുറത്തേക്കൊഴുകിഷോകുന്ന മൃത്രത്തിലേക്കും, ഇടയ്ക്കെപൊഴെങ്കിലും തുറക്കപ്പെടുന്ന ജനലിലൂടെ അമ്മൃമ്മയെത്തിന്നു കൊഴുത്തുയർന്ന വാഴയിലേയ്ക്കും, കുഴിഞ്ഞ കണ്ണുകൾ വേച്ചുകൊണ്ട് യാത്ര ചെയ്യാറുണ്ട്.

അച്ഛനെപൊഴും നടുത്തളത്തിലാണിരിക്കാറ്; കുട്ടികളുടെ സമ്മാനങ്ങളും കത്തുകളും നിറഞ്ഞ ചുവരലമാരിക്കടുത്ത്. മറവി ബാധിച്ച കോശങ്ങളവധിയെടുക്കുമ്പോൾ നിറഞ്ഞ ക്ലാസുകളിലെ ഇംഗ്ലീഷ് പിരിയഡുകളിലേക്കഛൻ ഓർമ്മകളിലൂടൊന്നു പോയ്വരാറുണ്ട്.

ഒടുവിലായ് പോയതടുക്കളയിലാണ്; രാവിലത്തെ കടുംകാഷിയിൽ നിന്നി-ഡ്ലലിയിലേക്കും അവിടുന്നുച്ചത്തെ ചോറിലേക്കും അന്തിക്ക് കഞ്ഞിയിലേക്കും അമ്മ ദിനംതോറും യാത്ര ചെയ്യാറുണ്ടെന്നറിഞ്ഞു. പുകയുന്ന അടുഷിന്റെ ചൂടും കരിപിടിച്ച അഴുക്കുപാത്രങ്ങളും നടുവേദനയും തട്ടിയിടയ്ക്ക് കാൽ തെറ്റി വീഴാറുണ്ടെന്നുമറിഞ്ഞു.

തിരിച്ചുമ്മറത്തെത്തി. ഇറയത്തു തൃക്കിയ കിളിക്കൂടിന്റെ വാതിൽ തുറന്നിട്ടു പുറത്ത് നല്ല വെളിച്ചം കണ്ടു കിളികളുടെ ചിലപ്പു കേട്ടു.

പ്രിയപ്പെട്ട പക്ഷികൾ ബാക്കി നൽകിഷോയ തൃവലിലെ നിറങ്ങളോർത്തുഞാൻ ചാരു കസേരയിൽ മലർന്നു കിടന്നു. എന്തൊരു മന:സ്സമാധാനം!



SHELL

One day a man was walking alone in a busy street. His mind was full of queries. It was visible from the his eyes that he was broken. After sometime he sat On the walkway and started thinking where he went wrong.

From his busy schedule he finally got some time to rewind. How his father carried him on his shoulder to school, his mother's eager eyes when she saw the fears in his eyes, time spend with his siblings. His lovely wife who stood with him, beautiful kids, all the good memories flashed. He was never grateful for anything. All he had he took for granted.



NIKHILA ROCKY
BSc.(N) MBA-Hospital Management
(IInd Batch BSc Nursing)

Now his business is in debt. He has no friends, no family to lean on, no place where he can call home.

At that moment he finally gathered his courage took out his phone and reach out to his wife. The phone rang she picked up there was a silence for a moment. She asked is that you, hearing her voice he cried. She consoled him and said to him whatever is it don't worry I am always there for you. From this point no looking back what you have done is past, nobody can change that. If you start thinking what changes you would have made that time to make it more happening today is just a waste of time. That I can only bring guilt, disappointment and despair, but you can definitely change your present and future. You can help those people who you have bought sorrows knowingly or unknowingly. Live today like you are never going to see the sun again. Forgive today as you are not going to get another chance. Be happy and grateful today that you won't have any regrets tomorrow.

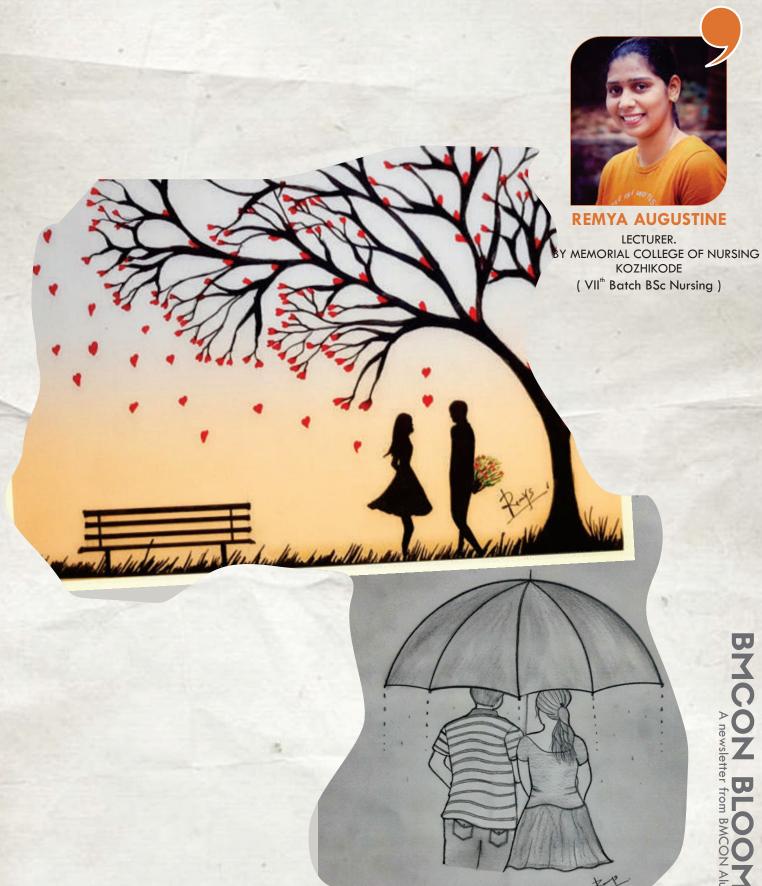
Break out from your shell and let good things come from you when we open

a shell we can see the precious pearl inside that was made from a lot of pain. Be that pearl for everyone you meet.

From that day he decided to be grateful and thankful for what he had. Each day he is still trying to make things around him better and beautiful.

















INDUJA RAJAN MSc.NURSING STUDENT MES COLLEGE OF NURSING, PERINTHALMANNA. (XIIIth Batch BSc Nursing)











GALLERY

UNIVERSITY RANK HOLDERS (MSC.NURSING) OF BMCON



Ms.ASWATHI P.S

II nd RANK

MEDICAL SURGICAL NURSING, KUHS





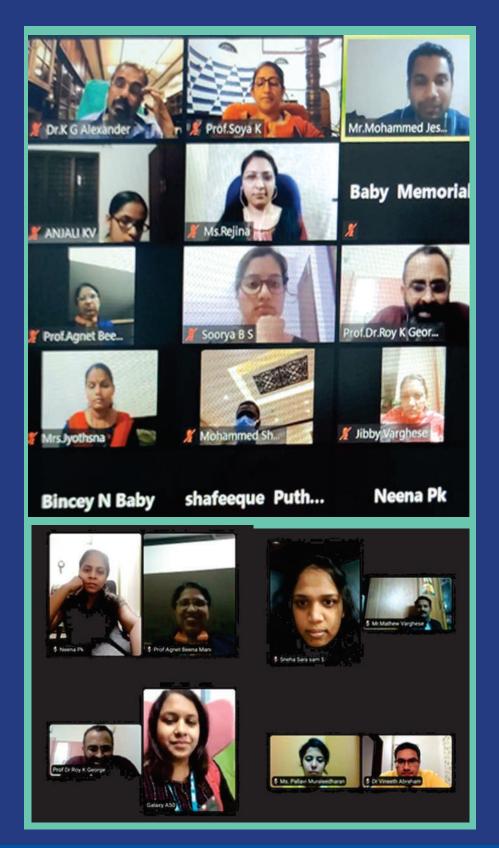
Ms. JINCY N BABY

II nd RANK

MENTAL HEALTH NURSING, KUHS



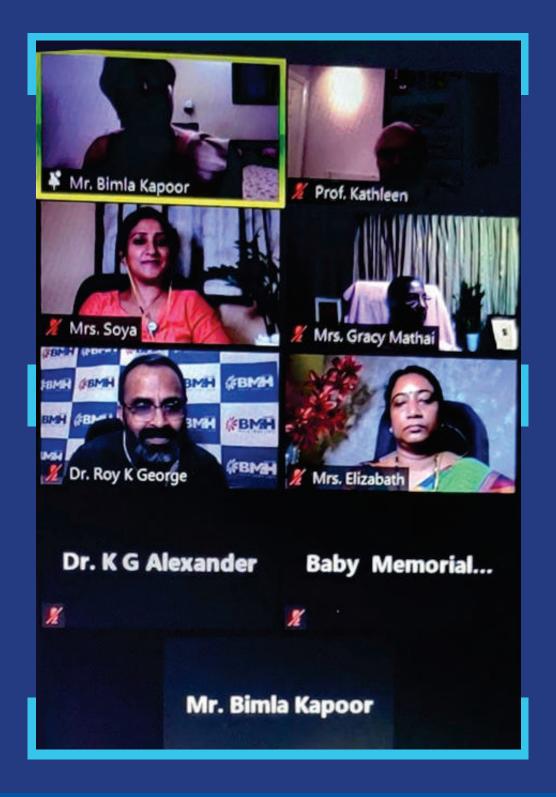
VIRTUAL ALUMNI MEET 2020







INAUGRATION OF FLORENCE NIGHTINGALE BICENTENARY ORATION AT BMCON







STUDENTS OF BMCON AS COVID WARRIORS





BMCON EVENTS

VIRTUAL BMCON NURSES DAY CELEBRATIONS





FAREWELL OF Mrs. LINCY S CHERUVATHUR, ASSOCIATE PROFESSOR, BMCON



INTERNATIONAL YOGA DAY CELEBRATIONS AT BMCON





Baby Memorial Hospital

(A Unit of Baby Memorial Hospital Ltd)
Kuthiravattom post, Kozhikode -673016, Kerala. India
Affiliated to Kerala University of Health Sciences (KUHS), Thrissur
Recognized by Indian Nursing Council, New Delhi and
Kerala Nurses and Midwives council, Trivandrum

